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**Question 7**

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**7. HMIS or Comparable Database Data Quality**

Total number of records for All Clients	3
Total number of records for Adults Only	3
Total number of records for Unaccompanied Youth	0
Total number of records for Leavers	3

Data Element	Don't Know or Refused	Missing Data
First Name	0	0
Last Name	0	0
SSN	0	0
Date of Birth	0	0
Race	0	0
Ethnicity	0	0
Gender	0	0
Veteran Status	0	0
Disabling Condition	0	0
Residence Prior to Entry	0	0
Zip of Last Permanent Address	0	0
Housing Status (at entry)	0	0
'income (at entry)	0	0
...income (at exit)	0	0
Non-Cash Benefits (at entry)	0	0
Non-Cash Benefits (at exit)	0	0
Physical Disability (at entry)	0	0
Developmental Disability (at entry)	0	0
Chronic Health Condition (at entry)	0	0
HIV / AIDS (at entry)	0	0
Mental Health (at entry)	0	0
Substance Abuse (at entry)	0	0
Domestic Violence (at entry)	0	0
Destination	0	0

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**8. Persons Served During the Operating Year by Type**

**Number of Persons in Households Served During the Operating Year**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Adults	3	3	0	0	0
Children	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Missing Information	0	0	0	0	0
<b>TOTAL</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Average Number of persons Served Each Night**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Average Number of Persons	0.36	0.36	0	0	0

**Point-in-Time Count of Persons on the Last Wednesday in**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
January	1	1	0	0	0
April	0	0	0	0	0
July	0	0	0	0	0
October	0	0	0	0	0

**9. Households Served During the Operating Year**

**Number of Households Served During the Operating Year**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Households	3	3	0	0	0

**Point-in-Time Count of Households Served on the Last Wednesday in**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
January	1	1	0	0	0
April	0	0	0	0	0
July	0	0	0	0	0
October	0	0	0	0	0

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**12. Client Contacts and Engagements**

**Number of Persons Contacted Rates During the Operating Year**

	Total	First contacted at place not meant for human habitation	First contacted at non-housing service site	First contacted at housing location	First contact place was missing
Once	0	0	0	0	0
2-5 Times	0	0	0	0	0
6-9 Times	0	0	0	0	0
10+ Times	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Number of Persons Engaged by Number of Contacts During the Operating Year**

	Total	First contacted at place not meant for human habitation	First contacted at non-housing service site	First contacted at housing location	First contact place was missing
1 Contact	0	0	0	0	0
2-5 Contacts	0	0	0	0	0
6-9 Contacts	0	0	0	0	0
10+ Contacts	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Rate of Engagement	0	0	0	0	0
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**15a. Gender - Adults**

**Gender of Adults**  
**Number of Adults in Households**

	Total	Without Children	With Children and Adults	Unknown HH Type
Male	3	3	0	0
Female	0	0	0	0
Transgendered	0	0	0	0
Other	0	0	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
<b>Subtotal</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>

**15b. Gender - Children**

**Gender of Children**  
**Number of Children in Households**

	Total	With Children and Adults	With Only Children	Unknown HH Type
Male	0	0	0	0
Female	0	0	0	0
Transgendered	0	0	0	0
Other	0	0	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**15c. Gender - Missing Age**

**Gender of Persons Missing Age Information**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Male	0	0	0	0	0
Female	0	0	0	0	0
Transgendered	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**16. Age**

**Age**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Under 5	0	0	0	0	0
5 - 12	0	0	0	0	0
13 - 17	0	0	0	0	0
18 - 24	0	0	0	0	0
25 - 34	2	2	0	0	0
35 - 44	1	1	0	0	0
45 - 54	0	0	0	0	0
55 - 61	0	0	0	0	0
62+	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Age Error (Negative Age or 100+)	0	0	0	0	0
<b>Total</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>

**17a. Ethnicity**

**Ethnicity**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Non-Hispanic/Non-Latino	3	3	0	0	0
Hispanic/Latino	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Total</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>

**17b. Race**

**Race**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
White	3	3	0	0	0
Black or African-American	0	0	0	0	0
Asian	0	0	0	0	0
American Indian or Alaska Native	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0
Multiple Races	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Total</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**18a. Physical and Mental Health Types of Conditions at Entry**

Known Physical and Mental Health Conditions  
Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Mental Illness	2	2	0	0	0
Alcohol Abuse	0	0	0	0	0
Drug Abuse	0	0	0	0	0
Chronic Health Condition	0	0	0	0	0
HIV/AIDS and Related Diseases	0	0	0	0	0
Developmental Disability	0	0	0	0	0
Physical Disability	0	0	0	0	0

**18b. Physical and Mental Health Known Conditions at Entry**

Number of Known Conditions  
Number of Persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
None	1	1	0	0	0
1 Condition	2	2	0	0	0
2 Conditions	0	0	0	0	0
3+ Conditions	0	0	0	0	0
Condition Unknown	0	0	0	0	0
Don't Know / Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>TOTAL:</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>

**19a. Victims of Domestic Violence**

Past Domestic Violence Experience  
Number of Adults and Unaccompanied Children in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Yes	0	0	0	0	0
No	3	3	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>TOTAL</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>

**19b. When Past Domestic Violence Experience Occurred**

Number of Adults and Unaccompanied Children in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Less than 3 Months	0	0	0	0	0
3 to 6 Months Ago	0	0	0	0	0
6 to 12 Months Ago	0	0	0	0	0
More tha a year Ago	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**20a1. Residence Prior to Program Entry - Homeless Situations**

**Residence Prior to Program Entry - Homeless Situations**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Emergency Shelter	1	1	0	0	0
Transitional housing for homeless persons	0	0	0	0	0
Place not meant for habitation	2	2	0	0	0
Safe Haven	0	0	0	0	0
<b>TOTAL</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>

**20a2. Residence Prior to Program Entry - Institutional Settings**

**Residence Prior to Program Entry - Institutional Settings**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital (Non-psychiatric)	0	0	0	0	0
Jail, prison , or juvenile detention facility	0	0	0	0	0
Foster Care	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**20a3. Residence Prior to Program Entry - Other Locations**

**Residence Prior to Program Entry - Other Locations**  
**Number of Adults and Unaccompanied Youth in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
PSH for Homeless persons	0	0	0	0	0
Owned by Client, no Subsidy	0	0	0	0	0
Owned by Client, with Subsidy	0	0	0	0	0
Rental by Client, no subsidy	0	0	0	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other ongoing Subsidy	0	0	0	0	0
Hotel/Motel, Paid by Client	0	0	0	0	0
Staying or Living with Family	0	0	0	0	0
Staying or Living with Friend(s)	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**21. Veteran Status**

**Veteran Status**  
**Number of Adults in Households**

	Total	Without Children	With Children and Adults	Unknown HH Type
Veteran	1	1	0	0
Not a Veteran	2	2	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
<b>Total</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>

**22a1. Physical and Mental Health Condition Types at Exit - Leavers**

**Known Physical and Mental Health Conditions**  
**Leavers - Total Number by Type**

	All Persons	Adults	Children	Unknown
Mental Illness	2	2	0	0
Alcohol Abuse	0	0	0	0
Drug Abuse	0	0	0	0
Chronic Health Condition	0	0	0	0
HIV/AIDS and Related Diseases	0	0	0	0
Developmental Disability	0	0	0	0
Physical Disability	0	0	0	0

**22a2. Known Physical and Mental Health Condition at Exit - Leavers**

**Number of Known Conditions**  
**Leavers - Total Number by Type**

	All Persons	Adults	Children	Unknown
None	1	1	0	0
1 Condition	2	2	0	0
2 Conditions	0	0	0	0
3+ Conditions	0	0	0	0
Condition Unknown	0	0	0	0
Don't Know / Refused	0	0	0	0
Information Missing	0	0	0	0
<b>TOTAL:</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>

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**22b1. Physical and Mental Health Condition Types at Exit – Stayers**

**Known Physical and Mental Health Conditions**  
**Stayers - Total Number by Type**

	All Persons	Adults	Children	Unknown
Mental Illness	0	0	0	0
Alcohol Abuse	0	0	0	0
Drug Abuse	0	0	0	0
Chronic Health Condition	0	0	0	0
HIV/AIDS and Related Diseases	0	0	0	0
Developmental Disability	0	0	0	0
Physical Disability	0	0	0	0

**22b2. Known Physical and Mental Health Condition at Exit – Stayers**

**Number of Known Conditions**  
**Stayers - Total Number by Type**

	All Persons	Adults	Children	Unknown
None	0	0	0	0
1 Condition	0	0	0	0
2 Conditions	0	0	0	0
3+ Conditions	0	0	0	0
Condition Unknown	0	0	0	0
Don't Know / Refused	0	0	0	0
Information Missing	0	0	0	0
<b>TOTAL:</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**23. Client Monthly Cash-Income Amount - Adult Leavers**

**Client Monthly Cash-Income Amount  
Number of Adult Leavers**

Program Entry	Income at Entry	Income at Exit	Less Income at Exit	Same Income at Exit	More Income at Exit	Unknown Income Change	Average Change (\$) Monthly Income per Adult
No Income	1	0		0	1	0	\$1,852.00
\$1 - \$150	1	1	0	1	0	0	\$0.00
\$151 - \$250	0	0	0	0	0	0	0
\$251 - \$500	0	0	0	0	0	0	0
\$501 - \$750	1	1	0	1	0	0	\$0.00
\$751 - \$1,000	0	0	0	0	0	0	0
\$1,001 - \$1,250	0	0	0	0	0	0	0
\$1,251 - \$1,500	0	0	0	0	0	0	0
\$1,501 - \$1,750	0	0	0	0	0	0	0
\$1,751 - \$2,000	0	1	0	0	0	0	0
\$2,001 +	0	0	0	0	0	0	0
Don't Know/Refused	0	0				0	
Missing/No Follow-up	0	0				0	
<b>Total</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>\$617.33</b>

**24. Client Monthly Cash-Income Amount by Entry and Latest Status**

**Client Monthly Cash-Income Amount by Entry and Latest Status  
Number of Adult Stayers**

Program Entry	Income at Entry	Follow-up Total	Less Income at Follow-up	Same Income at Follow-up	More Income at Follow-up	Unknown Income Change	Average Change (\$) Monthly Income per Adult
No Income	0	0		0	0	0	0
\$1 - \$150	0	0	0	0	0	0	0
\$151 - \$250	0	0	0	0	0	0	0
\$251 - \$500	0	0	0	0	0	0	0
\$501 - \$750	0	0	0	0	0	0	0
\$751 - \$1,000	0	0	0	0	0	0	0
\$1,001 - \$1,250	0	0	0	0	0	0	0
\$1,251 - \$1,500	0	0	0	0	0	0	0
\$1,501 - \$1,750	0	0	0	0	0	0	0
\$1,751 - \$2,000	0	0	0	0	0	0	0
\$2,001 +	0	0	0	0	0	0	0
Don't Know/Refused	0	0				0	
Missing/No Follow-up	0	0				0	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**25a1. Cash Income Types by Exit Status - Leavers**

**Cash-Income Sources**  
**Type of Cash-Income Sources by Number of Persons - Leavers**

	Total	Adults	Children	Age Unknown
Earned Income	1	1	0	0
Unemployment Insurance	0	0	0	0
SSI	1	1	0	0
SSDI	0	0	0	0
Veteran's Disability	0	0	0	0
Private Disability Insurance	0	0	0	0
Worker's Compensation	0	0	0	0
TANF or Equivalent	1	1	0	0
General Assistance	0	0	0	0
Retirement (Social Security)	0	0	0	0
Veteran's Pension	0	0	0	0
Pension from Former Job	0	0	0	0
Child Support	0	0	0	0
Alimony (Spousal Support)	0	0	0	0
Other Source	0	0	0	0
<b>TOTAL</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>

**25a2. Cash-Income by Exit Status - Leavers**

**Cash-Income Sources**  
**Number of Cash-Income Sources by Number of Persons - Leavers**

	Total	Adults	Children	Age Unknown
No Sources	0	0	0	0
1+ Source(s)	3	3	0	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
<b>TOTAL</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>

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**25b1. Cash-Income Sources - Stayers**

**Cash-Income Sources**  
**Type of Cash-Income Sources by Number of Persons - Stayers**

	Total	Adults	Children	Age Unknown
Earned Income	0	0	0	0
Unemployment Insurance	0	0	0	0
SSI	0	0	0	0
SSDI	0	0	0	0
Veteran's Disability	0	0	0	0
Private Disability Insurance	0	0	0	0
Worker's Compensation	0	0	0	0
TANF or Equivalent	0	0	0	0
General Assistance	0	0	0	0
Retirement (Social Security)	0	0	0	0
Veteran's Pension	0	0	0	0
Pension from Former Job	0	0	0	0
Child Support	0	0	0	0
Alimony (Spousal Support)	0	0	0	0
Other Source	0	0	0	0
<b>TOTAL</b>				

**25b2. Cash Income Number of Sources - Stayers**

**Cash-Income Sources**  
**Number of Cash-Income Sources by Number of Persons - Stayers**

	Total	Adults	Children	Age Unknown
No Sources	0	0	0	0
1+ Source(s)	0	0	0	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
<b>TOTAL</b>	0	0	0	0

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**26a1. Non-Cash Benefit Types by Exit Status - Leavers**

**Non-Cash Benefits**  
**Non-Cash Benefits by Number of Persons - Leavers**

	Total	Adults	Children	Age Unknown
Supplemental Nutritional Assistance Program	2	2	0	0
MEDICAID Health Insurance	0	0	0	0
MEDICARE Health Insurance	0	0	0	0
State Children's Health Insurance	0	0	0	0
WIC	0	0	0	0
VA Medical Services	0	0	0	0
TANF Child Care Services	0	0	0	0
TANF Transportation Services	0	0	0	0
Other TANF-Funded Services	0	0	0	0
Temporary Rental Assistance	0	0	0	0
Section 8, Public Housing, Rental Assistance	0	0	0	0
Other Source	0	0	0	0
<b>TOTAL</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>

**26a2. Non-Cash Benefits by Exit Status - Leavers**

**Client Non-Cash Benefits by Exit Status**  
**Number of Non-Cash Benefits by Number of Persons - Leavers**

	Total	Adults	Children	Age Unknown
No Sources	1	1	0	0
1+ Source(s)	2	2	0	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
<b>TOTAL</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>

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**26b1. Non-Cash Benefit Sources - Stayers**

**Non-Cash Benefits**  
**Non-Cash Benefits by Number of Persons - Stayers**

	Total	Adults	Children	Age Unknown
Supplemental Nutritional Assistance Program	0	0	0	0
MEDICAID Health Insurance	0	0	0	0
MEDICARE Health Insurance	0	0	0	0
State Children's Health Insurance	0	0	0	0
WIC	0	0	0	0
VA Medical Services	0	0	0	0
TANF Child Care Services	0	0	0	0
TANF Transportation Services	0	0	0	0
Other TANF-Funded Services	0	0	0	0
Temporary Rental Assistance	0	0	0	0
Section 8, Public Housing, Rental Assistance	0	0	0	0
Other Source	0	0	0	0
<b>TOTAL</b>				

**26b2. Number of Non-Cash Benefit Sources - Stayers**

**Client Non-Cash Benefits by Exit Status**  
**Number of Non-Cash Benefits by Number of Persons - Stayers**

	Total	Adults	Children	Age Unknown
No Sources	0	0	0	0
1+ Source(s)	0	0	0	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
<b>TOTAL</b>	0	0	0	0

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**27. Length of Participation by Exit Status**

**Length of Participation by Exit Status**  
**Number of Persons**

	Total	Leavers	Stayers
Less than 30 days	1	1	0
31 to 60 days	2	2	0
61 to 180 days	0	0	0
181 to 365 days	0	0	0
366 to 730 days (1-2 Yrs)	0	0	0
731 to 1095 days (2-3 Yrs)	0	0	0
1096 to 1460 days (3-4 Yrs)	0	0	0
1461 to 1825 days (4-5 Yrs)	0	0	0
More than 1825 Days (>5 Yrs)	0	0	0
Information Missing	0	0	0
<b>Total</b>	<b>3</b>	<b>3</b>	<b>0</b>

**Average and Median Length of Participation in Days**

	Average Length	Median Length
Leavers	22	31
Stayers	0	0

**Total Length of Participation in Days / Shelter Nights**

	Total Shelter Nights
<b>Total</b>	<b>66</b>

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**Question 29**

**29a1. Destination by Household Type and Length of Stay (All Leavers who Stayed More than 90 Days)**

**Number of Leavers in Households**

**Permanent Destinations**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Owned by Client, no Ongoing Subsidy	0	0	0	0	0
Owned by Client, with Ongoing Subsidy	0	0	0	0	0
Rental by Client, no Ongoing subsidy	0	0	0	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other Ongoing Subsidy	0	0	0	0	0
PSH for Homeless Persons	0	0	0	0	0
Living with Family, Permanent Tenure	0	0	0	0	0
Living with Friends, Permanent Tenure	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Temporary Destinations**

Emergency Shelter	0	0	0	0	0
TH for Homeless Persons	0	0	0	0	0
Staying with Family, Temporary Tenure	0	0	0	0	0
Staying with Friends, Temporary Tenure	0	0	0	0	0
Place Not Meant for Human Habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or Motel, Paid by Client	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Institutional Settings**

Foster Care	0	0	0	0	0
Psychiatric Facility	0	0	0	0	0
Substance Abuse or Detox Facility	0	0	0	0	0
Hospital (non-Psychiatric)	0	0	0	0	0
Jail or Prison	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Other Destinations**

Deceased	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**Question 29**

**29a2. Destination by Household Type and Length of Stay (All Leavers who Stayed 90 Days or Less)**

**Number of Leavers in Households**

**Permanent Destinations**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Owned by Client, no Ongoing Subsidy	0	0	0	0	0
Owned by Client, with Ongoing Subsidy	0	0	0	0	0
Rental by Client, no Ongoing subsidy	3	3	0	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other Ongoing Subsidy	0	0	0	0	0
PSH for Homeless Persons	0	0	0	0	0
Living with Family, Permanent Tenure	0	0	0	0	0
Living with Friends, Permanent Tenure	0	0	0	0	0
<b>Subtotal</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Temporary Destinations**

Emergency Shelter	0	0	0	0	0
TH for Homeless Persons	0	0	0	0	0
Staying with Family, Temporary Tenure	0	0	0	0	0
Staying with Friends, Temporary Tenure	0	0	0	0	0
Place Not Meant for Human Habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or Motel, Paid by Client	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Institutional Settings**

Foster Care	0	0	0	0	0
Psychiatric Facility	0	0	0	0	0
Substance Abuse or Detox Facility	0	0	0	0	0
Hospital (non-Psychiatric)	0	0	0	0	0
Jail or Prison	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Other Destinations**

Deceased	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**Question 36**

**36a. Permanent Housing Programs**

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	
2b. Earned Income Measure			0	0	0.00%	

**36b. Transitional Housing Programs**

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	
2b. Earned Income Measure			0	0	0.00%	

**36c. Street Outreach Programs**

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Physical Disability			0	0	0.00%	
2b. Developmental Disability			0	0	0.00%	
2c. Chronic Health			0	0	0.00%	
2d. HIV/AIDS			0	0	0.00%	
2e. Mental Health			0	0	0.00%	
2f. Substance Abuse			0	0	0.00%	

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**Question 36**

**36d. Supportive Services Only (SSO) Programs**

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	
2b. Earned Income Measure			0	0	0.00%	

**36e. Safe Haven Programs**

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	

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**Additional Information**

User Prompt Field	Value(s) Selected
1. Select Provider Group(s):	-None Selected-
1. Select Provider(s):	Ashtabula - Catholic Charities of Ashtabula County - HCRP RRH(873)
2. Enter Start Date:	1/1/2013
3. Enter End Date PLUS 1 Day:	7/1/2013
4. Select Entry Type:	HUD
5. Enter Adult Age:	18
EDA Provider	Ashtabula - Catholic Charities of Ashtabula County - HCRP RRH(873)
Enter Effective Date	7/1/2013
Is using the Disability Determination field part of your workflow for HUD reporting?	No
Is using the Receiving Income Source field part of your workflow for HUD reporting?	Yes
Is using the Receiving Benefit field part of your workflow for HUD reporting?	Yes

Provider Reporting Information	Client Count Based onUid	Unduplicated Count
Ashtabula - Catholic Charities of Ashtabula County - HCRP RRH(873)	3	3

Additional Information  
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### **Question 7 Missing Data Elements**

SSN	DOB	Race	Ethnicity
Total: 0	Total: 0	Total: 0	Total: 0

## **Question 7 Missing Data Elements**

---

Income at Entry	Income at Exit	Non-Cash at Entry	Non-Cash at Exit	Noncash Q 26b2
#MULTIVALUE	#MULTIVALUE	#MULTIVALUE	#MULTIVALUE	#MULTIVALUE
Total: 0	Total: 0	Total: 0	Total: 0	Total: 0

### Question 7 Missing Data Elements

Veteran	Disabling Condition	Type of Living Situation	ZIP	Housing Status	Disability	DV
Total: 0	Total: 0	Total: 0	Total: 0	Total: 0	#MULTIVALUE	
					Total: 0	Total: 0

## **Question 8 Households**

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<input type="radio"/> Unknown HH Type	<input type="radio"/> Households with Children Only	<input type="radio"/> Unaccompanied Youth
Total: 0	Total: 0	Total: 0

### **Question 7 Totals**

---

All Clients	Adults	Children	Leavers	Stayers
56100	56100		56100	
123329	123329		123329	Total: 0
141555	141555		141555	
<b>Total: 3</b>	<b>Total: 3</b>		<b>Total: 3</b>	

### **Question 18a Detail**

Mental Health Condition at Entry	Alcohol Abuse at Entry	Drug Abuse at Entry	Chronic Condition at Entry	HIV at Entry	Developmental Disability at Entry	Physical Disability at Entry
56100						
123329	Total: 0	Total: 0	Total: 0	Total: 0	Total: 0	Total: 0
Total: 2						

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**Annual Performance Report**  
**Question 7**

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**7. HMIS or Comparable Database Data Quality**

Total number of records for All Clients	6
Total number of records for Adults Only	5
Total number of records for Unaccompanied Youth	0
Total number of records for Leavers	2

Data Element	Don't Know or Refused	Missing Data
First Name	0	0
Last Name	0	0
SSN	0	0
Date of Birth	0	0
Race	0	0
Ethnicity	0	0
Gender	0	0
Veteran Status	0	0
Disabling Condition	0	0
Residence Prior to Entry	0	0
Zip of Last Permanent Address	0	0
Housing Status (at entry)	0	0
Income (at entry)	0	0
Income (at exit)	0	0
Non-Cash Benefits (at entry)	0	0
Non-Cash Benefits (at exit)	0	0
Physical Disability (at entry)	0	0
Developmental Disability (at entry)	0	0
Chronic Health Condition (at entry)	0	0
HIV / AIDS (at entry)	0	0
Mental Health (at entry)	0	0
Substance Abuse (at entry)	0	0
Domestic Violence (at entry)	0	0
Destination	0	0

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**Questions 8-9**

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**8. Persons Served During the Operating Year by Type**

**Number of Persons in Households Served During the Operating Year**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Adults	5	4	1	0	0
Children	1	0	1	0	0
Don't Know/Refused	0	0	0	0	0
Missing Information	0	0	0	0	0
<b>TOTAL</b>	<b>6</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>0</b>

**Average Number of persons Served Each Night**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Average Number of Persons	2.2	1.73	0.46	0	0

**Point-in-Time Count of Persons on the Last Wednesday in**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
January	2	2	0	0	0
April	1	1	0	0	0
July	0	0	0	0	0
October	0	0	0	0	0

**9. Households Served During the Operating Year**

**Number of Households Served During the Operating Year**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Households	5	4	1	0	0

**Point-in-Time Count of Households Served on the Last Wednesday in**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
January	2	2	0	0	0
April	1	1	0	0	0
July	0	0	0	0	0
October	0	0	0	0	0

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**Question 12**

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**12. Client Contacts and Engagements**

**Number of Persons Contacted Rates During the Operating Year**

	Total	First contacted at place not meant for human habitation	First contacted at non-housing service site	First contacted at housing location	First contact place was missing
Once	0	0	0	0	0
2-5 Times	0	0	0	0	0
6-9 Times	0	0	0	0	0
10+ Times	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Number of Persons Engaged by Number of Contacts During the Operating Year**

	Total	First contacted at place not meant for human habitation	First contacted at non-housing service site	First contacted at housing location	First contact place was missing
1 Contact	0	0	0	0	0
2-5 Contacts	0	0	0	0	0
6-9 Contacts	0	0	0	0	0
10+ Contacts	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Rate of Engagement	0	0	0	0	0
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**HUD CoC APR**  
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**Question 15**

**15a. Gender - Adults**

**Gender of Adults**  
**Number of Adults in Households**

	Total	Without Children	With Children and Adults	Unknown HH Type
Male	3	3	0	0
Female	2	1	1	0
Transgendered	0	0	0	0
Other	0	0	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
<b>Subtotal</b>	<b>5</b>	<b>4</b>	<b>1</b>	<b>0</b>

**15b. Gender - Children**

**Gender of Children**  
**Number of Children in Households**

	Total	With Children and Adults	With Only Children	Unknown HH Type
Male	1	1	0	0
Female	0	0	0	0
Transgendered	0	0	0	0
Other	0	0	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
<b>Subtotal</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>

**15c. Gender - Missing Age**

**Gender of Persons Missing Age Information**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Male	0	0	0	0	0
Female	0	0	0	0	0
Transgendered	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**Questions 16-17**

**16. Age**

**Age**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Under 5	0	0	0	0	0
5 - 12	1	0	1	0	0
13 - 17	0	0	0	0	0
18 - 24	0	0	0	0	0
25 - 34	1	0	1	0	0
35 - 44	1	1	0	0	0
45 - 54	3	3	0	0	0
55 - 61	0	0	0	0	0
62+	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Age Error (Negative Age or 100+)	0	0	0	0	0
<b>Total</b>	<b>6</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>0</b>

**17a. Ethnicity**

**Ethnicity**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Non-Hispanic/Non-Latino	6	4	2	0	0
Hispanic/Latino	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Total</b>	<b>6</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>0</b>

**17b. Race**

**Race**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
White	6	4	2	0	0
Black or African-American	0	0	0	0	0
Asian	0	0	0	0	0
American Indian or Alaska Native	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0
Multiple Races	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Total</b>	<b>6</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>0</b>

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**Questions 18-19**

**18a. Physical and Mental Health Types of Conditions at Entry**

**Known Physical and Mental Health Conditions**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Mental Illness	0	0	0	0	0
Alcohol Abuse	0	0	0	0	0
Drug Abuse	0	0	0	0	0
Chronic Health Condition	0	0	0	0	0
HIV/AIDS and Related Diseases	0	0	0	0	0
Developmental Disability	0	0	0	0	0
Physical Disability	1	1	0	0	0

**18b. Physical and Mental Health Known Conditions at Entry**

**Number of Known Conditions**  
**Number of Persons**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
None	5	3	2	0	0
1 Condition	1	1	0	0	0
2 Conditions	0	0	0	0	0
3+ Conditions	0	0	0	0	0
Condition Unknown	0	0	0	0	0
Don't Know / Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>TOTAL:</b>	<b>6</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>0</b>

**19a. Victims of Domestic Violence**

**Past Domestic Violence Experience**  
**Number of Adults and Unaccompanied Children in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Yes	0	0	0	0	0
No	5	4	1	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>TOTAL</b>	<b>5</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>0</b>

**19b. When Past Domestic Violence Experience Occurred**

**Number of Adults and Unaccompanied Children in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Less than 3 Months	0	0	0	0	0
3 to 6 Months Ago	0	0	0	0	0
6 to 12 Months Ago	0	0	0	0	0
More tha a year Ago	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**Question 20**

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**20a1. Residence Prior to Program Entry - Homeless Situations**

**Residence Prior to Program Entry - Homeless Situations**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Emergency Shelter	0	0	0	0	0
Transitional housing for homeless persons	0	0	0	0	0
Place not meant for habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**20a2. Residence Prior to Program Entry - Institutional Settings**

**Residence Prior to Program Entry - Institutional Settings**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital (Non-psychiatric)	0	0	0	0	0
Jail, prison , or juvenile detention facility	0	0	0	0	0
Foster Care	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**20a3. Residence Prior to Program Entry - Other Locations**

**Residence Prior to Program Entry - Other Locations**  
**Number of Adults and Unaccompanied Youth in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
PSH for Homeless persons	0	0	0	0	0
Owned by Client, no Subsidy	1	1	0	0	0
Owned by Client, with Subsidy	0	0	0	0	0
Rental by Client, no subsidy	4	3	1	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other ongoing Subsidy	0	0	0	0	0
Hotel/Motel, Paid by Client	0	0	0	0	0
Staying or Living with Family	0	0	0	0	0
Staying or Living with Friend(s)	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>TOTAL</b>	<b>5</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>0</b>

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**Questions 21-22**

**21. Veteran Status**

**Veteran Status**  
**Number of Adults in Households**

	Total	Without Children	With Children and Adults	Unknown HH Type
Veteran	0	0	0	0
Not a Veteran	5	4	1	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
<b>Total</b>	<b>5</b>	<b>4</b>	<b>1</b>	<b>0</b>

**22a1. Physical and Mental Health Condition Types at Exit - Leavers**

**Known Physical and Mental Health Conditions**  
**Leavers - Total Number by Type**

	All Persons	Adults	Children	Unknown
Mental Illness	0	0	0	0
Alcohol Abuse	0	0	0	0
Drug Abuse	0	0	0	0
Chronic Health Condition	0	0	0	0
HIV/AIDS and Related Diseases	0	0	0	0
Developmental Disability	0	0	0	0
Physical Disability	0	0	0	0

**22a2. Known Physical and Mental Health Condition at Exit - Leavers**

**Number of Known Conditions**  
**Leavers - Total Number by Type**

	All Persons	Adults	Children	Unknown
None	2	2	0	0
1 Condition	0	0	0	0
2 Conditions	0	0	0	0
3+ Conditions	0	0	0	0
Condition Unknown	0	0	0	0
Don't Know / Refused	0	0	0	0
Information Missing	0	0	0	0
<b>TOTAL:</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>

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**Questions 21-22**

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**22b1. Physical and Mental Health Condition Types at Exit – Stayers**

**Known Physical and Mental Health Conditions**  
**Stayers - Total Number by Type**

	All Persons	Adults	Children	Unknown
Mental Illness	0	0	0	0
Alcohol Abuse	0	0	0	0
Drug Abuse	0	0	0	0
Chronic Health Condition	0	0	0	0
HIV/AIDS and Related Diseases	0	0	0	0
Developmental Disability	0	0	0	0
Physical Disability	1	1	0	0

**22b2. Known Physical and Mental Health Condition at Exit – Stayers**

**Number of Known Conditions**  
**Stayers - Total Number by Type**

	All Persons	Adults	Children	Unknown
None	3	2	1	0
1 Condition	1	1	0	0
2 Conditions	0	0	0	0
3+ Conditions	0	0	0	0
Condition Unknown	0	0	0	0
Don't Know / Refused	0	0	0	0
Information Missing	0	0	0	0
<b>TOTAL:</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>0</b>

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**23. Client Monthly Cash-Income Amount - Adult Leavers**

**Client Monthly Cash-Income Amount  
Number of Adult Leavers**

Program Entry	Income at Entry	Income at Exit	Less Income at Exit	Same Income at Exit	More Income at Exit	Unknown Income Change	Average Change (\$) Monthly Income per Adult
No Income	2	2		2	0	0	\$0.00
\$1 - \$150	0	0	0	0	0	0	0
\$151 - \$250	0	0	0	0	0	0	0
\$251 - \$500	0	0	0	0	0	0	0
\$501 - \$750	0	0	0	0	0	0	0
\$751 - \$1,000	0	0	0	0	0	0	0
\$1,001 - \$1,250	0	0	0	0	0	0	0
\$1,251 - \$1,500	0	0	0	0	0	0	0
\$1,501 - \$1,750	0	0	0	0	0	0	0
\$1,751 - \$2,000	0	0	0	0	0	0	0
\$2,001 +	0	0	0	0	0	0	0
Don't Know/Refused	0	0				0	
Missing/No Follow-up	0	0				0	
<b>Total</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>\$0.00</b>

**24. Client Monthly Cash-Income Amount by Entry and Latest Status**

**Client Monthly Cash-Income Amount by Entry and Latest Status  
Number of Adult Stayers**

Program Entry	Income at Entry	Follow-up Total	Less Income at Follow-up	Same Income at Follow-up	More Income at Follow-up	Unknown Income Change	Average Change (\$) Monthly Income per Adult
No Income	2	2		2	0	0	\$0.00
\$1 - \$150	0	0	0	0	0	0	0
\$151 - \$250	1	1	0	1	0	0	\$0.00
\$251 - \$500	0	0	0	0	0	0	0
\$501 - \$750	0	0	0	0	0	0	0
\$751 - \$1,000	0	0	0	0	0	0	0
\$1,001 - \$1,250	0	0	0	0	0	0	0
\$1,251 - \$1,500	0	0	0	0	0	0	0
\$1,501 - \$1,750	0	0	0	0	0	0	0
\$1,751 - \$2,000	0	0	0	0	0	0	0
\$2,001 +	0	0	0	0	0	0	0
Don't Know/Refused	0	0				0	
Missing/No Follow-up	0	0				0	
<b>Total</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>\$0.00</b>

**HUD CoC APR**  
**Annual Performance Report**  
**Question 25**

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**25a1. Cash Income Types by Exit Status - Leavers**

**Cash-Income Sources**  
**Type of Cash-Income Sources by Number of Persons - Leavers**

	Total	Adults	Children	Age Unknown
Earned Income	0	0	0	0
Unemployment Insurance	0	0	0	0
SSI	0	0	0	0
SSDI	0	0	0	0
Veteran's Disability	0	0	0	0
Private Disability Insurance	0	0	0	0
Worker's Compensation	0	0	0	0
TANF or Equivalent	0	0	0	0
General Assistance	0	0	0	0
Retirement (Social Security)	0	0	0	0
Veteran's Pension	0	0	0	0
Pension from Former Job	0	0	0	0
Child Support	0	0	0	0
Alimony (Spousal Support)	0	0	0	0
Other Source	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**25a2. Cash-Income by Exit Status - Leavers**

**Cash-Income Sources**  
**Number of Cash-Income Sources by Number of Persons - Leavers**

	Total	Adults	Children	Age Unknown
No Sources	2	2	0	0
1+ Source(s)	0	0	0	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
<b>TOTAL</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>

**HUD CoC APR**  
**Annual Performance Report**  
**Question 25**

---

**25b1. Cash-Income Sources - Stayers**

**Cash-Income Sources**  
**Type of Cash-Income Sources by Number of Persons - Stayers**

	Total	Adults	Children	Age Unknown
Earned Income	0	0	0	0
Unemployment Insurance	0	0	0	0
SSI	0	0	0	0
SSDI	0	0	0	0
Veteran's Disability	0	0	0	0
Private Disability Insurance	0	0	0	0
Worker's Compensation	0	0	0	0
TANF or Equivalent	0	0	0	0
General Assistance	0	0	0	0
Retirement (Social Security)	0	0	0	0
Veteran's Pension	0	0	0	0
Pension from Former Job	0	0	0	0
Child Support	1	1	0	0
Alimony (Spousal Support)	0	0	0	0
Other Source	0	0	0	0
<b>TOTAL</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>

**25b2. Cash Income Number of Sources - Stayers**

**Cash-Income Sources**  
**Number of Cash-Income Sources by Number of Persons - Stayers**

	Total	Adults	Children	Age Unknown
No Sources	3	2	1	0
1+ Source(s)	1	1	0	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
<b>TOTAL</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>0</b>

**HUD CoC APR**  
**Annual Performance Report**  
**Question 26**

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**26a1. Non-Cash Benefit Types by Exit Status - Leavers**

	Non-Cash Benefits			
	Total	Adults	Children	Age Unknown
Supplemental Nutritional Assistance Program	2	2	0	0
MEDICAID Health Insurance	0	0	0	0
MEDICARE Health Insurance	0	0	0	0
State Children's Health Insurance	0	0	0	0
WIC	0	0	0	0
VA Medical Services	0	0	0	0
TANF Child Care Services	0	0	0	0
TANF Transportation Services	0	0	0	0
Other TANF-Funded Services	0	0	0	0
Temporary Rental Assistance	0	0	0	0
Section 8, Public Housing, Rental Assistance	0	0	0	0
Other Source	0	0	0	0
<b>TOTAL</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>

**26a2. Non-Cash Benefits by Exit Status - Leavers**

	Client Non-Cash Benefits by Exit Status			
	Total	Adults	Children	Age Unknown
No Sources	0	0	0	0
1+ Source(s)	2	2	0	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
<b>TOTAL</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>

**HUD CoC APR**  
**Annual Performance Report**  
**Question 26**

---

**26b1. Non-Cash Benefit Sources - Stayers**

**Non-Cash Benefits**  
**Non-Cash Benefits by Number of Persons - Stayers**

	Total	Adults	Children	Age Unknown
Supplemental Nutritional Assistance Program	3	3	0	0
MEDICAID Health Insurance	0	0	0	0
MEDICARE Health Insurance	0	0	0	0
State Children's Health Insurance	0	0	0	0
WIC	0	0	0	0
VA Medical Services	0	0	0	0
TANF Child Care Services	0	0	0	0
TANF Transportation Services	0	0	0	0
Other TANF-Funded Services	0	0	0	0
Temporary Rental Assistance	0	0	0	0
Section 8, Public Housing, Rental Assistance	0	0	0	0
Other Source	0	0	0	0
<b>TOTAL</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>

**26b2. Number of Non-Cash Benefit Sources - Stayers**

**Client Non-Cash Benefits by Exit Status**  
**Number of Non-Cash Benefits by Number of Persons - Stayers**

	Total	Adults	Children	Age Unknown
No Sources	1	0	1	0
1+ Source(s)	3	3	0	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
<b>TOTAL</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>0</b>

**HUD CoC APR**  
**Annual Performance Report**  
**Question 27**

**27. Length of Participation by Exit Status**

**Length of Participation by Exit Status**  
**Number of Persons**

	Total	Leavers	Stayers
Less than 30 days	1	1	0
31 to 60 days	3	0	3
61 to 180 days	2	1	1
181 to 365 days	0	0	0
366 to 730 days (1-2 Yrs)	0	0	0
731 to 1095 days (2-3 Yrs)	0	0	0
1096 to 1460 days (3-4 Yrs)	0	0	0
1461 to 1825 days (4-5 Yrs)	0	0	0
More than 1825 Days (>5 Yrs)	0	0	0
Information Missing	0	0	0
<b>Total</b>	<b>6</b>	<b>2</b>	<b>4</b>

**Average and Median Length of Participation in Days**

	Average Length	Median Length
Leavers	48	47.5
Stayers	76	47

**Total Length of Participation in Days / Shelter Nights**

	Total Shelter Nights
<b>Total</b>	<b>398</b>

**HUD CoC APR**  
**Annual Performance Report**  
**Question 29**

**29a1. Destination by Household Type and Length of Stay (All Leavers who Stayed More than 90 Days)**

**Number of Leavers in Households**

**Permanent Destinations**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Owned by Client, no Ongoing Subsidy	0	0	0	0	0
Owned by Client, with Ongoing Subsidy	0	0	0	0	0
Rental by Client, no Ongoing subsidy	0	0	0	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other Ongoing Subsidy	0	0	0	0	0
PSH for Homeless Persons	0	0	0	0	0
Living with Family, Permanent Tenure	0	0	0	0	0
Living with Friends, Permanent Tenure	0	0	0	0	0
<b>Subtotal</b>	0	0	0	0	0

**Temporary Destinations**

Emergency Shelter	0	0	0	0	0
TH for Homeless Persons	0	0	0	0	0
Staying with Family, Temporary Tenure	0	0	0	0	0
Staying with Friends, Temporary Tenure	0	0	0	0	0
Place Not Meant for Human Habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or Motel, Paid by Client	0	0	0	0	0
<b>Subtotal</b>	0	0	0	0	0

**Institutional Settings**

Foster Care	0	0	0	0	0
Psychiatric Facility	0	0	0	0	0
Substance Abuse or Detox Facility	0	0	0	0	0
Hospital (non-Psychiatric)	0	0	0	0	0
Jail or Prison	0	0	0	0	0
<b>Subtotal</b>	0	0	0	0	0

**Other Destinations**

Deceased	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Subtotal</b>	0	0	0	0	0

**HUD CoC APR**  
**Annual Performance Report**  
**Question 29**

**29a2. Destination by Household Type and Length of Stay (All Leavers who Stayed 90 Days or Less)**

**Number of Leavers in Households**

**Permanent Destinations**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Owned by Client, no Ongoing Subsidy	0	0	0	0	0
Owned by Client, with Ongoing Subsidy	0	0	0	0	0
Rental by Client, no Ongoing subsidy	2	2	0	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other Ongoing Subsidy	0	0	0	0	0
PSH for Homeless Persons	0	0	0	0	0
Living with Family, Permanent Tenure	0	0	0	0	0
Living with Friends, Permanent Tenure	0	0	0	0	0
<b>Subtotal</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Temporary Destinations**

Emergency Shelter	0	0	0	0	0
TH for Homeless Persons	0	0	0	0	0
Staying with Family, Temporary Tenure	0	0	0	0	0
Staying with Friends, Temporary Tenure	0	0	0	0	0
Place Not Meant for Human Habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or Motel, Paid by Client	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Institutional Settings**

Foster Care	0	0	0	0	0
Psychiatric Facility	0	0	0	0	0
Substance Abuse or Detox Facility	0	0	0	0	0
Hospital (non-Psychiatric)	0	0	0	0	0
Jail or Prison	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Other Destinations**

Deceased	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**HUD CoC APR**  
**Annual Performance Report**  
**Question 36**

**36a. Permanent Housing Programs**

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	
2b. Earned Income Measure			0	0	0.00%	

**36b. Transitional Housing Programs**

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	
2b. Earned Income Measure			0	0	0.00%	

**36c. Street Outreach Programs**

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Physical Disability			0	0	0.00%	
2b. Developmental Disability			0	0	0.00%	
2c. Chronic Health			0	0	0.00%	
2d. HIV/AIDS			0	0	0.00%	
2e. Mental Health			0	0	0.00%	
2f. Substance Abuse			0	0	0.00%	

**HUD CoC APR**  
**Annual Performance Report**  
**Question 36**

**36d. Supportive Services Only (SSO) Programs**

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	
2b. Earned Income Measure			0	0	0.00%	

**36e. Safe Haven Programs**

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	

**HUD CoC APR**  
**Annual Performance Report**  
**Additional Information**

User Prompt Field	Value(s) Selected
1. Select Provider Group(s):	-None Selected-
1. Select Provider(s):	Ashtabula - Catholic Charities of Ashtabula County - HCRP HP(973)
2. Enter Start Date:	1/1/2013
3. Enter End Date PLUS 1 Day:	7/1/2013
4. Select Entry Type:	HUD
5. Enter Adult Age:	18
EDA Provider	Ashtabula - Catholic Charities of Ashtabula County - HCRP HP(973)
Enter Effective Date	7/1/2013
Is using the Disability Determination field part of your workflow for HUD reporting?	No
Is using the Receiving Income Source field part of your workflow for HUD reporting?	Yes
Is using the Receiving Benefit field part of your workflow for HUD reporting?	Yes

Provider Reporting Information	Client Count Based onUid	Unduplicated Count
Ashtabula - Catholic Charities of Ashtabula County - HCRP HP(973)	6	6

Additional Information  
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### Question 7 Missing Data Elements

SSN	DOB	Race	Ethnicity
Total: 0	Total: 0	Total: 0	Total: 0

### **Question 7 Missing Data Elements**

---

Income at Entry	Income at Exit	Non-Cash at Entry	Non-Cash at Exit	Noncash Q 26b2
#MULTIVALUE	#MULTIVALUE	#MULTIVALUE	#MULTIVALUE	#MULTIVALUE
Total: 0	Total: 0	Total: 0	Total: 0	Total: 0

### Question 7 Missing Data Elements

Veteran	Disabling Condition	Type of Living Situation	ZIP	Housing Status	Disability	DV
Total: 0	Total: 0	Total: 0	Total: 0	Total: 0	#MULTIVALEUE	Total: 0

### **Question 8 Households**

---

Unknown HH Type	Households with Children Only	Unaccompanied Youth
Total: 0	Total: 0	Total: 0

### **Question 7 Totals**

All Clients
129352
129989
139724
140954
141540
141542
<b>Total: 6</b>

Adults	Children
129352	141542
129989	
139724	<b>Total: 1</b>
140954	
141540	
	<b>Total: 5</b>

Leavers	Stayers
129989	129352
139724	140954
	141540
<b>Total: 2</b>	141542
	<b>Total: 4</b>

### Question 18a Detail

Mental Health Condition at Entry	Alcohol Abuse at Entry	Drug Abuse at Entry	Chronic Condition at Entry	HIV at Entry	Developmental Disability at Entry	Physical Disability at Entry
Total: 0	Total: 0	Total: 0	Total: 0	Total: 0	Total: 0	140954
						Total: 1

**MEMORANDUM OF UNDERSTANDING**

**BETWEEN**

Catholic Charities of Ashtabula County (hereby known as "Service Provider")

**AND**

Coleman Professional Services (hereby known as "Sponsor")

**REGARDING**

Ohio Department of Development Homeless Crisis Response Program (hereby known as "Project").

The Sponsor has applied for Homeless Crisis Response Program funds from the Ohio Development Services Agency (ODSA) for Region 5 and has made certain representations to ODSA regarding the provision of homeless prevention and re-housing services to very low- and low-income households/tenants. To further accomplish the goals of the Project, the Sponsor desires to enter into a sub-grantee relationship with the Service Provider in the following manner:

Service Provider will provide:

- Training for Service Provider staff
- Written policies and procedures
- HMIS data entry for all Service Provider HCRP clients
- Payment for all Service Provider HCRP client vouchers
- Reimbursement for Service Provider for case management provided for HCRP clients
- Monitoring and review of Service Provider client records for compliance
- Submission of documents to Sponsor within agreed timeline

Sponsor will act as point of contact for Region 5 HCRP providers in Ashtabula, Geauga, Lake, Portage and Trumbull Counties and will provide:

- Management and administration of the program
- Submission of request for payments to Service Provider within agreed timeline
- Assistance with outreach/marketing for the program
- Monthly submission of invoice for reimbursement from ODSA
- Ensure that all regulatory and funding requirements are met
- Provide quarterly financial reports and any other required information to Service Provider for regulatory and funding agencies
- Will coordinate and submit progress reports

It is understood that the Service Provider responsibilities as defined in this Memorandum of Understanding are contingent upon Project funding. The Project is designed to prevent individuals and families from entering homelessness and, where homelessness does occur, to provide for emergency shelter operations and to rapidly move persons from emergency shelter into permanent housing. Service Provider will maintain monthly contact with Sponsor throughout the duration of the program.

**GENERAL TERMS**

**Terms.** This Agreement will begin effective the date of January 1, 2014 and will continue through December 31, 2014. This Agreement may be terminated in accordance with the section on Termination below.

**Termination.** Any party may terminate this Agreement by giving the other parties ninety (90) days prior written notice. The party wishing to terminate this agreement for cause must provide a written intent to terminate notice to the parties in breach or default. The notice will provide thirty (30) days for the party in breach or default to respond to said notice with an acceptable plan to cure cause for termination.

**Confidentiality.** All parties agree that by virtue of entering into this Agreement they will have access to certain confidential information regarding the other party's operations related to the Project. All parties agree that they will not at any time disclose confidential information and/or material without the consent of the party unless such disclosure is authorized by this Agreement or required by law. Unauthorized disclosure of confidential information shall be considered a material breach of this agreement. Where appropriate, client releases will be secured before confidential consumer information is exchanged. Confidential client information will be handled with the utmost discretion and judgment.

**Arbitration.** Should any party wish to commence an action for damages under this Agreement, it shall be required to adjudicate the dispute through binding arbitration under the rules of the American Arbitration Association or under such rules to which the parties may agree. Any award rendered by the arbitrator shall be final and binding upon each of the parties, and judgment there upon shall be borne equally by all parties. During the course of the arbitration and until a final settlement has been reached, this Agreement shall remain in full force and effect unless otherwise terminated as provided in this Agreement.

**Nondiscrimination.** Parties agree that there shall be no discrimination of any person or group of persons on account of race, color, creed, religion, sex, familial status, marital status, sexual orientation, age, handicap, ancestry or national origin be excluded from participation in, be denied benefits of, or be subjected to discrimination under Project funded in whole or in part with funds made available through this MOU.

**Severability.** In the event any provision of this Agreement shall be found to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect the validity, legality and enforceability of the remainder of the Agreement.

**Amendments.** This Agreement may be amended only in writing and authorized by the designated representative of the parties.

**The Parties hereto have caused this agreement to be executed this 6<sup>th</sup> day of September, 2013.**

Signed:

Lynn M. Zielenski; EXECUTIVE  
DIRECTOR  
Service Provider/Title

Date: September 6, 2013

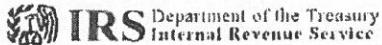
Signed:

Asha W. Burns CEO  
Sponsor Signature/Title

Date:

9/10/2013

Family & Community Services



P.O. Box 2508, Room 4010  
Cincinnati OH 45201

In reply refer to: 4077550286  
May 28, 2009 LTR 4168C 0  
[REDACTED] 000000 00 000  
00035189  
BODC: TE

FAMILY & COMMUNITY SERVICES INC  
% MARK FRISONE  
705 OAKWOOD ST STE 221  
RAVENNA OH 44266-2196

028366

Employer Identification Number: [REDACTED]  
Person to Contact: Vaida Singleton  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Apr. 02, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in March 2000, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Cindy Westcott  
Manager, EO Determinations

**ARTICLES OF INCORPORATION**

OF

**FAMILY SERVICES OF PORTAGE COUNTY, INC.**

The undersigned, who desire to form a non-profit corporation under Ohio Revised Code Chapter 1702, do hereby certify as follows:

**FIRST:** The name of said Corporation shall be Family Services of Portage County, Inc.

**SECOND:** The location of its principal office is at 302 North Depeyster Street in the City of Kent, County of Portage, State of Ohio 44240.

**THIRD:** The purposes for which the Corporation is formed are to provide supportive services to individuals and families in the Portage County area, including but not limited to personal counseling, housing, financial assistance and credit counseling, food and clothing, day care for children, and activities for seniors, and to seek adequate funding for such services. The Corporation shall also have the further purpose of any activity that is consistent with and in furtherance of the activities set forth in the preceding sentence and that is otherwise permissible for a charitable non-profit corporation.

This Corporation is organized exclusively for charitable, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue Law).

**FOURTH:** The following individuals shall serve as the incorporators and initial trustees of the corporation until the first meeting of members or other meeting called to elect trustees:

<u>Names of Trustees</u>	<u>Address of Trustees</u>
Mark Frisone	1225 Catherine Street, Suffield, Ohio 44260
James Aylward	762 Perry Avenue, Ravenna, Ohio 44266
Richard Clough	2090 Deer Crossing Drive, Streetsboro, Ohio 44241

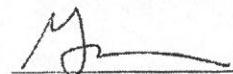
FIFTH: The Corporation shall have no members. The members of the Board of Trustees shall, for the purposes of Chapter 1702 of the Ohio Revised Code, be deemed to be the Members of the Corporation in accordance with the provisions of Section 1702.14, Ohio Revised Code.

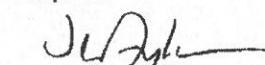
SIXTH: No part of the net earnings of the Corporation shall inure to the benefit of, or be distributed to its Members, Trustees, Officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Third hereof. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue Law), or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue Law).

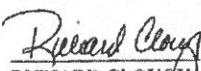
SEVENTH: Upon the dissolution of the Corporation, the Board of Trustees shall, after paying or making provision for the payment of all of the liabilities of the Corporation, dispose of the assets of the Corporation exclusively for the purposes of the Corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, religious, or scientific purposes as shall at the time qualify as an exempt organization under section 170(c)(2) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue Law), as the Board of Trustees shall determine. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

IN WITNESS WHEREOF, we have hereunto set our hands this 3<sup>rd</sup>, day  
of November, 1998

FAMILY SERVICES OF  
PORTAGE COUNTY, INC.

  
\_\_\_\_\_  
MARK FRISONE  
Incorporator

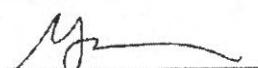
  
\_\_\_\_\_  
JAMES AYLWARD  
Incorporator

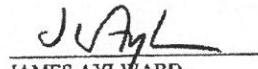
  
\_\_\_\_\_  
RICHARD CLOUGH  
Incorporator

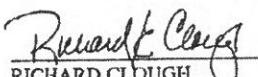
**ORIGINAL APPOINTMENT OF STATUTORY AGENT**

The undersigned, being the incorporators of Family Services of Portage County, Inc., do hereby appoint James Aylward, a natural person resident in the county in which the corporation has its principal office, upon whom any process, notice, or demand required or permitted by statute, to be served upon the corporation, may be served. His complete address is 762 Perry Avenue, Ravenna, Ohio 44266.

FAMILY SERVICES OF PORTAGE  
COUNTY, INC.

  
MARK PRISONE  
Incorporator

  
JAMES AYLWARD  
Incorporator

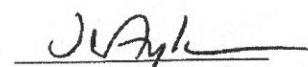
  
RICHARD CLOUGH  
Incorporator

Date: 11/3/88

Family Services of Portage County, Inc.

Gentleman:

I hereby accept appointment as agent of your corporation, upon whom process, tax notices or demands may be served.

  
JAMES AYLWARD  
Statutory Agent

JAMES J. AYLWARD  
Attorney at Law  
762 Perry Avenue  
Ravenna, Ohio 44266

November 29, 1998

Secretary of State  
Corporations Section  
14<sup>th</sup> Floor, State Office Tower  
Columbus, Ohio 43216

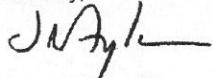
Re: Family Services of Portage County, Inc.

Dear Sirs:

Enclosed please find the original copies of the Articles of Incorporation and Appointment of Statutory Agent for Family Services of Portage County, Inc. This is a not for profit corporation. Also enclosed is my check in the sum of \$25.00 as payment for the filing fee.

Please return these documents to me in the envelope provided. It would be greatly appreciated if you could expedite the filing of these so that we can complete the incorporation process before the end of this year.

Sincerely,



James J. Aylward

JJA:ms

DATE	DOCUMENT NO	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
1/1/1999	199834800663	ARN DOMESTIC ARTICLES/NON-PROFIT	25.00	0.00	0.00	0.00	0.00
		TOTAL	25.00	0.00	0.00	0.00	0.00

Return To:  
JAMES J. AYLWARD  
762 PERRY AVE  
RAVENNA, OH 44266-0000

cut along the dotted line



*The State of Ohio*  
*Certificate*

*Secretary of State - Bob Taft*

**1052449**

*It is hereby certified that the Secretary of State of Ohio has custody of the business records for FAMILY SERVICES OF PORTAGE COUNTY, INC. and that said business records show the filing and recording of:*

*Document(s)*  
DOMESTIC ARTICLES/NON-PROFIT

*Document No(s).*  
199834800663

United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the Secretary  
of State at Columbus, Ohio, This 8th day of  
December, A.D. 1998



*Bob Taft*  
Bob Taft  
Secretary of State

102563449

UNITED STATES OF AMERICA, STATE OF OHIO, <b>OFFICE OF THE SECRETARY OF STATE</b>	
I, Jon Husted, Secretary of State of the State of Ohio, do hereby certify that the foregoing is a true and correct copy, consisting of <u>2</u> pages, as taken from the original record now in my official custody as Secretary of State.	
WITNESS my hand and official seal at Columbus, Ohio, this <u>1st</u> day of <u>November</u> A.D. <u>2011</u>	
	 By:  JON HUSTED Secretary Of State
NOTICE: This is an official certification only when reproduced in red ink.	



J. Kenneth Blackwell  
Secretary of State  
State of Ohio

October 5, 1999

DIN#: 199927800767

MARK FRISONE  
302 N DEPEYSTER ST  
KENT, OH 442400000

Re: FAMILY SERVICES OF PORTAGE COUNTY, INC.  
Charter 1052449

Dear Customer:

The enclosed document (s) is being returned for the following reason (s):

It appears that the above entity is changing its current name through a merger that is currently in process.

If this is the case the enclosed Certificate of Amendment need not be filed.

A refund will follow under separate cover.

If you have any questions regarding this matter, please feel free to contact this office at (614) 466-3910, toll free 1-877-SOS-FILE. Thank you.

SoS/RH

30 E. Broad Street, 14<sup>th</sup> Floor, Columbus, Ohio 43266-0418

Prescribed by **J. Kenneth Blackwell**

Please obtain fee amount and mailing instructions from the *Forms Inventory List* (using the 3 digit form # located at the bottom of this form). To obtain the *Forms Inventory List* or for assistance, please call Customer Service:  
Central Ohio: (614)-466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite this form
<input checked="" type="checkbox"/> Yes

**CERTIFICATE OF AMENDMENT TO ARTICLES OF**FAMILY SERVICES OF PORTAGE COUNTY, INC.

(Name of Corporation)

1052449

(charter number)

James Aylward, who is the President

of the above named Ohio corporation organized not for profit, does hereby certify that: (Please check the appropriate box and complete the appropriate statements.)

- at a meeting of the members of said corporation which was duly called and held on 9/21/99 at which meeting a quorum of such members were present, by the affirmative vote of 100 % of the members present thereat,
- in a writing signed by all of the members who would be entitled to notice of a meeting or such other proportion not less than a majority as the articles of regulations permit,

Change the name of the corporation to:FAMILY & COMMUNITY SERVICES OF PORTAGE COUNTY, INC.

IN WITNESS WHEREOF, the above named officer, acting for and on behalf of the corporation, has hereunto  
subscribed HIS name on 9/30/99  
(gender)

By: J. Aylward James Aylward  
Title: PRESIDENT

October 13, 1999

J. Kenneth Blackwell  
Secretary of State  
State of Ohio  
30 E. Broad Street 14th Floor  
Columbus, OH 43266-0418

DIN# 199927800767

Dear Secretary of State,

Please be aware that Family Services of Portage County, Inc., Charter # 1052449, seeks to change its name to Family & Community Services of Portage County. This action was subsequent to a merger between Family & Community Services of Catholic Charities, Inc. and Family Services of Portage County, Inc. We merged the corporations first and now are requesting the name change. We apologize for any confusion we may have caused your Department.

If you require additional information or clarification, please contact me at 330-678-3911

Thank you for your consideration and prompt attention in this matter.

Sincerely,

Mark Frisone  
Executive Director  
Family Services of Portage County, Inc.  
302 N. Depeyster Street  
Kent, OH 44240

DATE	DOCUMENT NO	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/29/1999	199927800767	AMD DOMESTIC/AMENDMENT TO ARTICLES	0.00	0.00	0.00	0.00	0.00
		TOTAL	0.00	0.00	0.00	0.00	0.00

Return To:  
FAMILY SERVICES OF PORTAGE CTY  
ATTN M FRISONE  
302 N DEPEYSTER ST  
KENT, OH 42400-0000

.....cut along the dotted line.....



*The State of Ohio*  
*Certificate*

*Secretary of State - J. Kenneth Blackwell*

**1052449**

*It is hereby certified that the Secretary of State of Ohio has custody of the business records for FAMILY & COMMUNITY SERVICES OF PORTAGE COUNTY, INC. and that said business records show the filing and recording of:*

*Document(s)*  
DOMESTIC/AMENDMENT TO ARTICLES

*Document No(s).*  
199927800767

United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the Secretary  
of State at Columbus, Ohio, This 18th day of  
October, A.D. 1999



*J. Kenneth Blackwell*  
J. Kenneth Blackwell  
Secretary of State

105-2449 UNITED STATES OF AMERICA,  
STATE OF OHIO,  
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, Secretary of State of the State of Ohio, do hereby certify that the foregoing is a true and correct copy consisting of 2 pages, as taken from the original record now in my official custody as Secretary of State.

WITNESS my hand and official seal at  
Columbus, Ohio, this 1<sup>st</sup> day of  
November, A.D. 2011

  
Jon Husted

JON HUSTED  
Secretary Of State

By:

  
NOTICE: This is an official certification only when affixed to a record.

United States of America  
State of Ohio  
Office of the Secretary of State

*I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show FAMILY & COMMUNITY SERVICES, INC., an Ohio not for profit corporation, Charter No. 1052449, having its principal location in Kent, County of Portage, was incorporated on December 08, 1998 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 15th day of August, A.D. 2012*

A handwritten signature of "Jon Husted" in black ink.

Ohio Secretary of State

**Family & Community Services, Inc.  
Board of Trustees 2013**

**ARNOLD, Caroline**

Kent, OH 44240-3242

(H) [REDACTED]

Community Activist

(00-02)(03-05)(06)(07-09)(10-12)(13-15)

**AYLWARD, Jim, PRESIDENT**

Ravenna, OH 44266-3420

(H) [REDACTED]

(W) 330 297-0881

Magistrate, PC Juvenile Court

(96-98)(99-01)(02)(03-05)(06-08)(09)(10-12)(13-15)

**BEACH, Julie**

Ravenna, Ohio 44266-7709

(H) [REDACTED]

(C) [REDACTED]

Educator, Retired

(11-13)

**BURBICK, Joan**

Kent, Ohio 44240-5929

(c) [REDACTED]

Journalist, retired

(08-10)(11-13)

**COE, Rick**

1311 E. Main Street

Ravenna OH 44266-3329

(W) 330 296-8090

Chief Executive Officer, Portage Community Bank

(12)(13-15)

[rcoe@pcbbank.com](mailto:rcoe@pcbbank.com)

**DRAGO, Debbie**

PO Box 1211

Ravenna, OH 44266-1211

330-296-9621 x 2317

VP Allen Aircraft Products

(12)(13-15)

[debbie@allenaircraft.com](mailto:debbie@allenaircraft.com)

**GARRISON, George**

King-Kennedy Liaison

[REDACTED]  
Stow, Ohio 44224-4793

Professor, KSU

(H) [REDACTED]

(W) 330 672-2300

(02-04)(05-07)(08)(09-11)(12-14)

**HUCHOK, Paul, TREASURER**

Big Brothers & Sisters Liaison

1575 Corporate Woods Parkway

Uniontown, OH 44685-7842

(W) 330 296-2751

(C) [REDACTED]

CPA

(09-11)(12-14)

[paul@kh-cpas.com](mailto:paul@kh-cpas.com)

**HURD, Alice**

[REDACTED]  
Kent, Ohio 44240-6342

(H) [REDACTED]

(C) [REDACTED]

Retired Teacher/Counselor

(12)(13-15)

**KRANINGER, Pat**

[REDACTED]  
Chagrin Falls, OH 44023-5610

(H) [REDACTED]

Community Volunteer

(06-08)(09-11)(12-14)

**LENTZ, William, VICE PRESIDENT**

P.O. Box 248

Ravenna, Ohio 44266

(H) [REDACTED]

(W) 330 297-5718

Attorney

(06-08)(09-11)(12-14)

**MYERS, Jeff**

409 S. Prospect St., N Suite

P O Box 129

Ravenna, OH 44266

(W) 330 296-5920

(C) [REDACTED]

Attorney (09-11)(12-14)

**RHODES, Dan, SECRETARY**

[REDACTED]  
Aurora, OH 44202

(H) [REDACTED]

Business Owner, Retired

(08-10)(11-13)

**SCHUBERT, Pat**

[REDACTED]  
Kent, OH 44240

(H) [REDACTED]

Community Volunteer

(01-03)(04-06)(07)(08-10)(11-13)

**Family & Community Services, Inc.  
Board of Trustees 2013**

**SMYLIE, Michael**

Warren OH 44484  
(H) [REDACTED]  
(W) 330-360-9021  
Adjunct Professor  
(12)(13-15)  
[Msmylie1@kent.edu](mailto:Msmylie1@kent.edu)

**TIGER, Marcia**

Poland, Ohio 44514-2564  
(H) [REDACTED]  
(C) [REDACTED]  
Retired Director Children's Services Trumbull  
(12)(13-15)

**WEAR, Delese**

NEOMED 4209 SR 44  
P O Box 95  
Rootstown, OH 44272  
(H) [REDACTED]  
(W) 330 325-6125  
Professor NEOMED  
(97-99)(00-02)(03)(04-06)  
(07-08)(09-11)(12-14)  
[dw@neoucom.edu](mailto:dw@neoucom.edu)

**STAFF**

**FRISONE, Mark**  
Executive Director  
705 Oakwood #221  
Ravenna, Ohio 44266  
(W) 330 297-7027 x 302  
FAX 330 298-2684  
[frisone@portagefamilies.org](mailto:frisone@portagefamilies.org)

**MUSCI, Greg**  
Chief Financial Officer  
Executive Director  
705 Oakwood #221  
Ravenna, Ohio 44266  
(W) 330 297-7027 x 303  
[gmusci@portagefamilies.org](mailto:gmusci@portagefamilies.org)

**LIAISONS**

**ADIPETRO, Shelley**  
Chagrin Falls Park Liaison  
[REDACTED]  
Chagrin Falls, OH 44023-1858  
(W) 440 264-5798 (C) [REDACTED]

**HARDY, Kathy**  
Clothing Center Liaison  
(CCC) 3377 State Route 59  
Kent, OH 44240-1757  
(H) [REDACTED] (C) 330-221-4613

**CAETTA, Alberta/NIELSEN, Terrie**  
Mental Health & Recovery Bd Liaisons  
(PCMHRB) 155 E. Main St  
Kent, Ohio 44240-2524  
(330) 673-1756

**PARSONS, Jackie**  
Kent Social Services Liaison  
Center for Student Involvement  
226 Kent Student Center, Box 10  
Kent, Ohio 44242-0001  
330-672-3202  
[jparsons@kent.edu](mailto:jparsons@kent.edu)

**SANDERS, R.L.**  
King Kennedy Community Ctr Liaison  
((KKCC)) [REDACTED]  
Ravenna, Ohio 44266-1818  
(H) [REDACTED] (C) [REDACTED]

**STIKES, JoAnn**  
Skeels Community Ctr Liaison  
(Skeels) [REDACTED]  
Ravenna Ohio 44266-3766  
(H) [REDACTED]



705 Oakwood Street, Suite 221 • Ravenna, Ohio 44266 • Phone: 330-297-7027 • Fax: 330-296-2684

[www.fcsohio.org](http://www.fcsohio.org)



August 27, 2013

Michael Hiler, Deputy Chief  
Ohio Development Services Agency  
Office of Community Development  
77 South High Street, 26<sup>th</sup> Floor  
Columbus, OH 43216

Dear Mr. Hiler:

One of the requirements for the Fiscal Year 2013 Homeless Crisis Response Program application is that organizations requesting funding certify the following:

- The organization has a voluntary Board of Directors, and
- Members of the Board of Directors receive no compensation for their services with the exception of reimbursement for expenses.

This letter is to confirm that Family and Community Services satisfies these conditions and hereby certifies the same.

Thank you for your consideration of our request.

Sincerely,

A handwritten signature in black ink, appearing to read "MF".

Mark Frisone  
Executive Director





705 Oakwood Street, Suite 221 • Ravenna, Ohio 44266 • Phone: 330-297-7027 • Fax: 330-296-2684

[www.fcsohio.org](http://www.fcsohio.org)



August 29, 2013

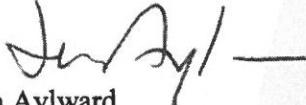
Michael Hiler, Deputy Chief  
Ohio Development Services Agency  
Office of Community Development  
77 South High Street  
Columbus, Ohio 43216

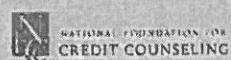
Dear Mr. Hiler:

One of the requirements for the FY2013 Homeless Crisis Response Program application pertains to Board authorization. Specifically, Exhibit 2b requires a letter signed by the Board Chairperson authorizing the agency's submission of this application. Please accept this letter in satisfaction of this requirement.

Thank you for your consideration of our request.

Sincerely,

  
Jim Aylward  
President  
Board of Trustees



**HUD CoC APR**  
**Annual Performance Report**  
**Question 7**

---

**7. HMIS or Comparable Database Data Quality**

Total number of records for All Clients	23
Total number of records for Adults Only	12
Total number of records for Unaccompanied Youth	0
Total number of records for Leavers	17

Data Element	Don't Know or Refused	Missing Data
First Name	0	0
Last Name	0	0
SSN	0	0
Date of Birth	0	0
Race	0	0
Ethnicity	0	0
Gender	0	0
Veteran Status	0	0
Disabling Condition	0	0
Residence Prior to Entry	0	0
Zip of Last Permanent Address	0	0
Housing Status (at entry)	0	0
Income (at entry)	0	0
Income (at exit)	0	0
Non-Cash Benefits (at entry)	0	0
Non-Cash Benefits (at exit)	0	0
Physical Disability (at entry)	0	0
Developmental Disability (at entry)	0	0
Chronic Health Condition (at entry)	0	0
HIV / AIDS (at entry)	0	0
Mental Health (at entry)	0	0
Substance Abuse (at entry)	0	0
Domestic Violence (at entry)	0	0
Destination	0	0

**HUD CoC APR**  
**Annual Performance Report**  
**Questions 8-9**

**8. Persons Served During the Operating Year by Type**

**Number of Persons in Households Served During the Operating Year**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Adults	12	6	6	0	0
Children	11	0	11	0	0
Don't Know/Refused	0	0	0	0	0
Missing Information	0	0	0	0	0
<b>TOTAL</b>	<b>23</b>	<b>6</b>	<b>17</b>	<b>0</b>	<b>0</b>

**Average Number of persons Served Each Night**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Average Number of Persons	1.8	0.3	1.5	0	0

**Point-in-Time Count of Persons on the Last Wednesday in**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
January	0	0	0	0	0
April	0	0	0	0	0
July	0	0	0	0	0
October	0	0	0	0	0

**9. Households Served During the Operating Year**

**Number of Households Served During the Operating Year**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Households	12	6	6	0	0

**Point-in-Time Count of Households Served on the Last Wednesday in**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
January	0	0	0	0	0
April	0	0	0	0	0
July	0	0	0	0	0
October	0	0	0	0	0

**HUD CoC APR**  
**Annual Performance Report**  
**Question 12**

---

**12. Client Contacts and Engagements**

**Number of Persons Contacted Rates During the Operating Year**

	Total	First contacted at place not meant for human habitation	First contacted at non-housing service site	First contacted at housing location	First contact place was missing
Once	0	0	0	0	0
2-5 Times	0	0	0	0	0
6-9 Times	0	0	0	0	0
10+ Times	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Number of Persons Engaged by Number of Contacts During the Operating Year**

	Total	First contacted at place not meant for human habitation	First contacted at non-housing service site	First contacted at housing location	First contact place was missing
1 Contact	0	0	0	0	0
2-5 Contacts	0	0	0	0	0
6-9 Contacts	0	0	0	0	0
10+ Contacts	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Rate of Engagement	0	0	0	0	0
--------------------	---	---	---	---	---

**HUD CoC APR**  
**Annual Performance Report**  
**Question 15**

---

**15a. Gender - Adults**

**Gender of Adults**  
**Number of Adults in Households**

	Total	Without Children	With Children and Adults	Unknown HH Type
Male	2	2	0	0
Female	10	4	6	0
Transgendered	0	0	0	0
Other	0	0	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
<b>Subtotal</b>	<b>12</b>	<b>6</b>	<b>6</b>	<b>0</b>

**15b. Gender - Children**

**Gender of Children**  
**Number of Children in Households**

	Total	With Children and Adults	With Only Children	Unknown HH Type
Male	4	4	0	0
Female	7	7	0	0
Transgendered	0	0	0	0
Other	0	0	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
<b>Subtotal</b>	<b>11</b>	<b>11</b>	<b>0</b>	<b>0</b>

**15c. Gender - Missing Age**

**Gender of Persons Missing Age Information**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Male	0	0	0	0	0
Female	0	0	0	0	0
Transgendered	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**16. Age**

**Age**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Under 5	3	0	3	0	0
5 - 12	3	0	3	0	0
13 - 17	5	0	5	0	0
18 - 24	0	0	0	0	0
25 - 34	4	2	2	0	0
35 - 44	4	1	3	0	0
45 - 54	2	1	1	0	0
55 - 61	2	2	0	0	0
62+	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Age Error (Negative Age or 100+)	0	0	0	0	0
<b>Total</b>	<b>23</b>	<b>6</b>	<b>17</b>	<b>0</b>	<b>0</b>

**17a. Ethnicity**

**Ethnicity**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Non-Hispanic/Non-Latino	20	6	14	0	0
Hispanic/Latino	3	0	3	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Total</b>	<b>23</b>	<b>6</b>	<b>17</b>	<b>0</b>	<b>0</b>

**17b. Race**

**Race**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
White	10	5	5	0	0
Black or African-American	7	1	6	0	0
Asian	0	0	0	0	0
American Indian or Alaska Native	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0
Multiple Races	6	0	6	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Total</b>	<b>23</b>	<b>6</b>	<b>17</b>	<b>0</b>	<b>0</b>

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**18a. Physical and Mental Health Types of Conditions at Entry**

**Known Physical and Mental Health Conditions**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Mental Illness	2	2	0	0	0
Alcohol Abuse	0	0	0	0	0
Drug Abuse	0	0	0	0	0
Chronic Health Condition	0	0	0	0	0
HIV/AIDS and Related Diseases	0	0	0	0	0
Developmental Disability	1	1	0	0	0
Physical Disability	2	2	0	0	0

**18b. Physical and Mental Health Known Conditions at Entry**

**Number of Known Conditions**  
**Number of Persons**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
None	18	1	17	0	0
1 Condition	5	5	0	0	0
2 Conditions	0	0	0	0	0
3+ Conditions	0	0	0	0	0
Condition Unknown	0	0	0	0	0
Don't Know / Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>TOTAL:</b>	<b>23</b>	<b>6</b>	<b>17</b>	<b>0</b>	<b>0</b>

**19a. Victims of Domestic Violence**

**Past Domestic Violence Experience**  
**Number of Adults and Unaccompanied Children in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Yes	5	2	3	0	0
No	7	4	3	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>TOTAL</b>	<b>12</b>	<b>6</b>	<b>6</b>	<b>0</b>	<b>0</b>

**19b. When Past Domestic Violence Experience Occurred**

**Number of Adults and Unaccompanied Children in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Less than 3 Months	2	2	0	0	0
3 to 6 Months Ago	0	0	0	0	0
6 to 12 Months Ago	1	0	1	0	0
More tha a year Ago	1	0	1	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	1	0	1	0	0
<b>TOTAL</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>0</b>

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**20a1. Residence Prior to Program Entry - Homeless Situations**

**Residence Prior to Program Entry - Homeless Situations**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Emergency Shelter	9	6	3	0	0
Transitional housing for homeless persons	3	0	3	0	0
Place not meant for habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
<b>TOTAL</b>	<b>12</b>	<b>6</b>	<b>6</b>	<b>0</b>	<b>0</b>

**20a2. Residence Prior to Program Entry - Institutional Settings**

**Residence Prior to Program Entry - Institutional Settings**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital (Non-psychiatric)	0	0	0	0	0
Jail, prison , or juvenile detention facility	0	0	0	0	0
Foster Care	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**20a3. Residence Prior to Program Entry - Other Locations**

**Residence Prior to Program Entry - Other Locations**  
**Number of Adults and Unaccompanied Youth in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
PSH for Homeless persons	0	0	0	0	0
Owned by Client, no Subsidy	0	0	0	0	0
Owned by Client, with Subsidy	0	0	0	0	0
Rental by Client, no subsidy	0	0	0	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other ongoing Subsidy	0	0	0	0	0
Hotel/Motel, Paid by Client	0	0	0	0	0
Staying or Living with Family	0	0	0	0	0
Staying or Living with Friend(s)	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**21. Veteran Status**

**Veteran Status**  
**Number of Adults in Households**

	Total	Without Children	With Children and Adults	Unknown HH Type
Veteran	0	0	0	0
Not a Veteran	12	6	6	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
<b>Total</b>	<b>12</b>	<b>6</b>	<b>6</b>	<b>0</b>

**22a1. Physical and Mental Health Condition Types at Exit - Leavers**

**Known Physical and Mental Health Conditions**  
**Leavers - Total Number by Type**

	All Persons	Adults	Children	Unknown
Mental Illness	2	2	0	0
Alcohol Abuse	0	0	0	0
Drug Abuse	0	0	0	0
Chronic Health Condition	0	0	0	0
HIV/AIDS and Related Diseases	0	0	0	0
Developmental Disability	1	1	0	0
Physical Disability	2	2	0	0

**22a2. Known Physical and Mental Health Condition at Exit - Leavers**

**Number of Known Conditions**  
**Leavers - Total Number by Type**

	All Persons	Adults	Children	Unknown
None	12	4	8	0
1 Condition	5	5	0	0
2 Conditions	0	0	0	0
3+ Conditions	0	0	0	0
Condition Unknown	0	0	0	0
Don't Know / Refused	0	0	0	0
Information Missing	0	0	0	0
<b>TOTAL:</b>	<b>17</b>	<b>9</b>	<b>8</b>	<b>0</b>

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**22b1. Physical and Mental Health Condition Types at Exit – Stayers**

**Known Physical and Mental Health Conditions**  
**Stayers - Total Number by Type**

	All Persons	Adults	Children	Unknown
Mental Illness	0	0	0	0
Alcohol Abuse	0	0	0	0
Drug Abuse	0	0	0	0
Chronic Health Condition	0	0	0	0
HIV/AIDS and Related Diseases	0	0	0	0
Developmental Disability	0	0	0	0
Physical Disability	0	0	0	0

**22b2. Known Physical and Mental Health Condition at Exit – Stayers**

**Number of Known Conditions**  
**Stayers - Total Number by Type**

	All Persons	Adults	Children	Unknown
None	6	3	3	0
1 Condition	0	0	0	0
2 Conditions	0	0	0	0
3+ Conditions	0	0	0	0
Condition Unknown	0	0	0	0
Don't Know / Refused	0	0	0	0
Information Missing	0	0	0	0
<b>TOTAL:</b>	<b>6</b>	<b>3</b>	<b>3</b>	<b>0</b>

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**23. Client Monthly Cash-Income Amount - Adult Leavers**

**Client Monthly Cash-Income Amount**  
**Number of Adult Leavers**

Program Entry	Income at Entry	Income at Exit	Less Income at Exit	Same Income at Exit	More Income at Exit	Unknown Income Change	Average Change (\$ Monthly Income per Adult)
No Income	2	2		2	0	0	\$0.00
\$1 - \$150	1	1	0	1	0	0	\$0.00
\$151 - \$250	0	0	0	0	0	0	0
\$251 - \$500	1	1	0	1	0	0	\$0.00
\$501 - \$750	0	0	0	0	0	0	0
\$751 - \$1,000	3	3	0	3	0	0	\$0.00
\$1,001 - \$1,250	2	2	0	2	0	0	\$0.00
\$1,251 - \$1,500	0	0	0	0	0	0	0
\$1,501 - \$1,750	0	0	0	0	0	0	0
\$1,751 - \$2,000	0	0	0	0	0	0	0
\$2,001 +	0	0	0	0	0	0	0
Don't Know/Refused	0	0				0	
Missing/No Follow-up	0	0				0	
<b>Total</b>	<b>9</b>	<b>9</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>\$0.00</b>

**24. Client Monthly Cash-Income Amount by Entry and Latest Status**

**Client Monthly Cash-Income Amount by Entry and Latest Status**  
**Number of Adult Stayers**

Program Entry	Income at Entry	Follow-up Total	Less Income at Follow-up	Same Income at Follow-up	More Income at Follow-up	Unknown Income Change	Average Change (\$ Monthly Income per Adult)
No Income	0	0		0	0	0	0
\$1 - \$150	0	0	0	0	0	0	0
\$151 - \$250	0	0	0	0	0	0	0
\$251 - \$500	1	1	0	1	0	0	\$0.00
\$501 - \$750	1	1	0	1	0	0	\$0.00
\$751 - \$1,000	0	0	0	0	0	0	0
\$1,001 - \$1,250	1	1	0	1	0	0	\$0.00
\$1,251 - \$1,500	0	0	0	0	0	0	0
\$1,501 - \$1,750	0	0	0	0	0	0	0
\$1,751 - \$2,000	0	0	0	0	0	0	0
\$2,001 +	0	0	0	0	0	0	0
Don't Know/Refused	0	0				0	
Missing/No Follow-up	0	0				0	
<b>Total</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>\$0.00</b>

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**25a1. Cash Income Types by Exit Status - Leavers**

**Cash-Income Sources**  
**Type of Cash-Income Sources by Number of Persons - Leavers**

	Total	Adults	Children	Age Unknown
Earned Income	3	3	0	0
Unemployment Insurance	0	0	0	0
SSI	1	1	0	0
SSDI	1	1	0	0
Veteran's Disability	0	0	0	0
Private Disability Insurance	0	0	0	0
Worker's Compensation	0	0	0	0
TANF or Equivalent	1	1	0	0
General Assistance	0	0	0	0
Retirement (Social Security)	0	0	0	0
Veteran's Pension	0	0	0	0
Pension from Former Job	1	1	0	0
Child Support	1	1	0	0
Alimony (Spousal Support)	0	0	0	0
Other Source	0	0	0	0
<b>TOTAL</b>	<b>8</b>	<b>8</b>	<b>0</b>	<b>0</b>

**25a2. Cash-Income by Exit Status - Leavers**

**Cash-Income Sources**  
**Number of Cash-Income Sources by Number of Persons - Leavers**

	Total	Adults	Children	Age Unknown
No Sources	10	2	8	0
1+ Source(s)	7	7	0	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
<b>TOTAL</b>	<b>17</b>	<b>9</b>	<b>8</b>	<b>0</b>

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**25b1. Cash-Income Sources - Stayers**

**Cash-Income Sources**  
**Type of Cash-Income Sources by Number of Persons - Stayers**

	Total	Adults	Children	Age Unknown
Earned Income	1	1	0	0
Unemployment Insurance	1	1	0	0
SSI	0	0	0	0
SSDI	0	0	0	0
Veteran's Disability	0	0	0	0
Private Disability Insurance	0	0	0	0
Worker's Compensation	0	0	0	0
TANF or Equivalent	0	0	0	0
General Assistance	0	0	0	0
Retirement (Social Security)	0	0	0	0
Veteran's Pension	0	0	0	0
Pension from Former Job	0	0	0	0
Child Support	2	2	0	0
Alimony (Spousal Support)	0	0	0	0
Other Source	0	0	0	0
<b>TOTAL</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>

**25b2. Cash Income Number of Sources - Stayers**

**Cash-Income Sources**  
**Number of Cash-Income Sources by Number of Persons - Stayers**

	Total	Adults	Children	Age Unknown
No Sources	3	0	3	0
1+ Source(s)	3	3	0	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
<b>TOTAL</b>	<b>6</b>	<b>3</b>	<b>3</b>	<b>0</b>

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**26a1. Non-Cash Benefit Types by Exit Status - Leavers**

**Non-Cash Benefits**  
**Non-Cash Benefits by Number of Persons - Leavers**

	Total	Adults	Children	Age Unknown
Supplemental Nutritional Assistance Program	16	8	8	0
MEDICAID Health Insurance	14	6	8	0
MEDICARE Health Insurance	1	1	0	0
State Children's Health Insurance	0	0	0	0
WIC	3	1	2	0
VA Medical Services	0	0	0	0
TANF Child Care Services	0	0	0	0
TANF Transportation Services	0	0	0	0
Other TANF-Funded Services	0	0	0	0
Temporary Rental Assistance	0	0	0	0
Section 8, Public Housing, Rental Assistance	11	4	7	0
Other Source	0	0	0	0
<b>TOTAL</b>	<b>45</b>	<b>20</b>	<b>25</b>	<b>0</b>

**26a2. Non-Cash Benefits by Exit Status - Leavers**

**Client Non-Cash Benefits by Exit Status**  
**Number of Non-Cash Benefits by Number of Persons - Leavers**

	Total	Adults	Children	Age Unknown
No Sources	0	0	0	0
1+ Source(s)	17	9	8	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
<b>TOTAL</b>	<b>17</b>	<b>9</b>	<b>8</b>	<b>0</b>

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**26b1. Non-Cash Benefit Sources - Stayers**

**Non-Cash Benefits**  
**Non-Cash Benefits by Number of Persons - Stayers**

	Total	Adults	Children	Age Unknown
Supplemental Nutritional Assistance Program	6	3	3	0
MEDICAID Health Insurance	5	2	3	0
MEDICARE Health Insurance	0	0	0	0
State Children's Health Insurance	0	0	0	0
WIC	0	0	0	0
VA Medical Services	0	0	0	0
TANF Child Care Services	0	0	0	0
TANF Transportation Services	0	0	0	0
Other TANF-Funded Services	0	0	0	0
Temporary Rental Assistance	0	0	0	0
Section 8, Public Housing, Rental Assistance	0	0	0	0
Other Source	0	0	0	0
<b>TOTAL</b>	<b>11</b>	<b>5</b>	<b>6</b>	<b>0</b>

**26b2. Number of Non-Cash Benefit Sources - Stayers**

**Client Non-Cash Benefits by Exit Status**  
**Number of Non-Cash Benefits by Number of Persons - Stayers**

	Total	Adults	Children	Age Unknown
No Sources	0	0	0	0
1+ Source(s)	6	3	3	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
<b>TOTAL</b>	<b>6</b>	<b>3</b>	<b>3</b>	<b>0</b>

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**27. Length of Participation by Exit Status**

**Length of Participation by Exit Status**  
**Number of Persons**

	Total	Leavers	Stayers
Less than 30 days	18	17	1
31 to 60 days	5	0	5
61 to 180 days	0	0	0
181 to 365 days	0	0	0
366 to 730 days (1-2 Yrs)	0	0	0
731 to 1095 days (2-3 Yrs)	0	0	0
1096 to 1460 days (3-4 Yrs)	0	0	0
1461 to 1825 days (4-5 Yrs)	0	0	0
More than 1825 Days (>5 Yrs)	0	0	0
Information Missing	0	0	0
<b>Total</b>	<b>23</b>	<b>17</b>	<b>6</b>

**Average and Median Length of Participation in Days**

	Average Length	Median Length
Leavers	9	8
Stayers	30	31

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**29a1. Destination by Household Type and Length of Stay (All Leavers who Stayed More than 90 Days)**  
**Number of Leavers in Households**

**Permanent Destinations**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Owned by Client, no Ongoing Subsidy	0	0	0	0	0
Owned by Client, with Ongoing Subsidy	0	0	0	0	0
Rental by Client, no Ongoing subsidy	0	0	0	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other Ongoing Subsidy	0	0	0	0	0
PSH for Homeless Persons	0	0	0	0	0
Living with Family, Permanent Tenure	0	0	0	0	0
Living with Friends, Permanent Tenure	0	0	0	0	0
<b>Subtotal</b>	0	0	0	0	0

**Temporary Destinations**

Emergency Shelter	0	0	0	0	0
TH for Homeless Persons	0	0	0	0	0
Staying with Family, Temporary Tenure	0	0	0	0	0
Staying with Friends, Temporary Tenure	0	0	0	0	0
Place Not Meant for Human Habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or Motel, Paid by Client	0	0	0	0	0
<b>Subtotal</b>	0	0	0	0	0

**Institutional Settings**

Foster Care	0	0	0	0	0
Psychiatric Facility	0	0	0	0	0
Substance Abuse or Detox Facility	0	0	0	0	0
Hospital (non-Psychiatric)	0	0	0	0	0
Jail or Prison	0	0	0	0	0
<b>Subtotal</b>	0	0	0	0	0

**Other Destinations**

Deceased	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Subtotal</b>	0	0	0	0	0

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**29a2. Destination by Household Type and Length of Stay (All Leavers who Stayed 90 Days or Less)**  
**Number of Leavers in Households**

**Permanent Destinations**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Owned by Client, no Ongoing Subsidy	0	0	0	0	0
Owned by Client, with Ongoing Subsidy	0	0	0	0	0
Rental by Client, no Ongoing subsidy	2	2	0	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other Ongoing Subsidy	14	2	12	0	0
PSH for Homeless Persons	1	1	0	0	0
Living with Family, Permanent Tenure	0	0	0	0	0
Living with Friends, Permanent Tenure	0	0	0	0	0
<b>Subtotal</b>	<b>17</b>	<b>5</b>	<b>12</b>	<b>0</b>	<b>0</b>

**Temporary Destinations**

Emergency Shelter	0	0	0	0	0
TH for Homeless Persons	0	0	0	0	0
Staying with Family, Temporary Tenure	0	0	0	0	0
Staying with Friends, Temporary Tenure	0	0	0	0	0
Place Not Meant for Human Habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or Motel, Paid by Client	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Institutional Settings**

Foster Care	0	0	0	0	0
Psychiatric Facility	0	0	0	0	0
Substance Abuse or Detox Facility	0	0	0	0	0
Hospital (non-Psychiatric)	0	0	0	0	0
Jail or Prison	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Other Destinations**

Deceased	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**36a. Permanent Housing Programs**

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	
2b. Earned Income Measure			0	0	0.00%	

**36b. Transitional Housing Programs**

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	
2b. Earned Income Measure			0	0	0.00%	

**36c. Street Outreach Programs**

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Physical Disability			0	0	0.00%	
2b. Developmental Disability			0	0	0.00%	
2c. Chronic Health			0	0	0.00%	
2d. HIV/AIDS			0	0	0.00%	
2e. Mental Health			0	0	0.00%	
2f. Substance Abuse			0	0	0.00%	

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**36d. Supportive Services Only (SSO) Programs**

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	
2b. Earned Income Measure			0	0	0.00%	

**36e. Safe Haven Programs**

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	

# HUD CoC APR

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### Additional Information

User Prompt Field	Value(s) Selected
1. Select Provider Group(s):	-None Selected-
1. Select Provider(s):	Portage - Family and Community Services - Ravenna - HCRP RRH(874)
2. Enter Start Date:	1/1/2013
3. Enter End Date PLUS 1 Day:	7/1/2013
4. Select Entry Type:	HUD
5. Enter Adult Age:	18
EDA Provider	Portage - Family and Community Services - Ravenna - HCRP RRH(874)
Enter Effective Date	7/1/2013
Is using the Disability Determination field part of your workflow for HUD reporting?	No
Is using the Receiving Income Source field part of your workflow for HUD reporting?	Yes
Is using the Receiving Benefit field part of your workflow for HUD reporting?	Yes

Provider Reporting Information	Client Count Based onUid	Unduplicated Count
Portage - Family and Community Services - Ravenna - HCRP RRH(874)	23	23

Additional Information  
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**7. HMIS or Comparable Database Data Quality**

Total number of records for All Clients	6
Total number of records for Adults Only	4
Total number of records for Unaccompanied Youth	0
Total number of records for Leavers	3

Data Element	Don't Know or Refused	Missing Data
First Name	0	0
Last Name	0	0
SSN	1	0
Date of Birth	0	0
Race	0	0
Ethnicity	0	0
Gender	0	0
Veteran Status	0	0
Disabling Condition	0	0
Residence Prior to Entry	0	0
Zip of Last Permanent Address	0	0
Housing Status (at entry)	0	0
come (at entry)	0	0
Income (at exit)	0	0
Non-Cash Benefits (at entry)	0	0
Non-Cash Benefits (at exit)	0	0
Physical Disability (at entry)	0	0
Developmental Disability (at entry)	0	0
Chronic Health Condition (at entry)	0	0
HIV / AIDS (at entry)	0	0
Mental Health (at entry)	0	0
Substance Abuse (at entry)	0	0
Domestic Violence (at entry)	0	0
Destination	0	0

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**8. Persons Served During the Operating Year by Type**

**Number of Persons in Households Served During the Operating Year**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Adults	4	1	3	0	0
Children	2	0	2	0	0
Don't Know/Refused	0	0	0	0	0
Missing Information	0	0	0	0	0
<b>TOTAL</b>	<b>6</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>0</b>

**Average Number of persons Served Each Night**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Average Number of Persons	1.04	0.12	0.92	0	0

**Point-in-Time Count of Persons on the Last Wednesday in**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
January	0	0	0	0	0
April	0	0	0	0	0
July	0	0	0	0	0
October	0	0	0	0	0

**9. Households Served During the Operating Year**

**Number of Households Served During the Operating Year**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Households	3	1	2	0	0

**Point-in-Time Count of Households Served on the Last Wednesday in**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
January	0	0	0	0	0
April	0	0	0	0	0
July	0	0	0	0	0
October	0	0	0	0	0

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**12. Client Contacts and Engagements**

**Number of Persons Contacted Rates During the Operating Year**

	Total	First contacted at place not meant for human habitation	First contacted at non-housing service site	First contacted at housing location	First contact place was missing
Once	0	0	0	0	0
2-5 Times	0	0	0	0	0
6-9 Times	0	0	0	0	0
10+ Times	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Number of Persons Engaged by Number of Contacts During the Operating Year**

	Total	First contacted at place not meant for human habitation	First contacted at non-housing service site	First contacted at housing location	First contact place was missing
1 Contact	0	0	0	0	0
2-5 Contacts	0	0	0	0	0
6-9 Contacts	0	0	0	0	0
10+ Contacts	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Rate of Engagement	0	0	0	0	0
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**15a. Gender - Adults**

**Gender of Adults**  
**Number of Adults in Households**

	Total	Without Children	With Children and Adults	Unknown HH Type
Male	2	0	2	0
Female	2	1	1	0
Transgendered	0	0	0	0
Other	0	0	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
<b>Subtotal</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>0</b>

**15b. Gender - Children**

**Gender of Children**  
**Number of Children in Households**

	Total	With Children and Adults	With Only Children	Unknown HH Type
Male	0	0	0	0
Female	2	2	0	0
Transgendered	0	0	0	0
Other	0	0	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
<b>Subtotal</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>

**15c. Gender - Missing Age**

**Gender of Persons Missing Age Information**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Male	0	0	0	0	0
Female	0	0	0	0	0
Transgendered	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**16. Age**

**Age**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Under 5	0	0	0	0	0
5 - 12	0	0	0	0	0
13 - 17	2	0	2	0	0
18 - 24	1	1	0	0	0
25 - 34	0	0	0	0	0
35 - 44	3	0	3	0	0
45 - 54	0	0	0	0	0
55 - 61	0	0	0	0	0
62+	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Age Error (Negative Age or 100+)	0	0	0	0	0
<b>Total</b>	<b>6</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>0</b>

**17a. Ethnicity**

**Ethnicity**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Non-Hispanic/Non-Latino	6	1	5	0	0
Hispanic/Latino	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Total</b>	<b>6</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>0</b>

**17b. Race**

**Race**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
White	5	0	5	0	0
Black or African-American	0	0	0	0	0
Asian	0	0	0	0	0
American Indian or Alaska Native	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0
Multiple Races	1	1	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Total</b>	<b>6</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>0</b>

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**18a. Physical and Mental Health Types of Conditions at Entry**

**Known Physical and Mental Health Conditions**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Mental Illness	1	1	0	0	0
Alcohol Abuse	0	0	0	0	0
Drug Abuse	0	0	0	0	0
Chronic Health Condition	0	0	0	0	0
HIV/AIDS and Related Diseases	0	0	0	0	0
Developmental Disability	0	0	0	0	0
Physical Disability	1	0	1	0	0

**18b. Physical and Mental Health Known Conditions at Entry**

**Number of Known Conditions**  
**Number of Persons**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
None	4	0	4	0	0
1 Condition	2	1	1	0	0
2 Conditions	0	0	0	0	0
3+ Conditions	0	0	0	0	0
Condition Unknown	0	0	0	0	0
Don't Know / Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>TOTAL:</b>	<b>6</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>0</b>

**19a. Victims of Domestic Violence**

**Past Domestic Violence Experience**  
**Number of Adults and Unaccompanied Children in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Yes	0	0	0	0	0
No	4	1	3	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>TOTAL</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>

**19b. When Past Domestic Violence Experience Occurred**

**Number of Adults and Unaccompanied Children in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Less than 3 Months	0	0	0	0	0
3 to 6 Months Ago	0	0	0	0	0
6 to 12 Months Ago	0	0	0	0	0
More tha a year Ago	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**20a1. Residence Prior to Program Entry - Homeless Situations**

**Residence Prior to Program Entry - Homeless Situations**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Emergency Shelter	0	0	0	0	0
Transitional housing for homeless persons	0	0	0	0	0
Place not meant for habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**20a2. Residence Prior to Program Entry - Institutional Settings**

**Residence Prior to Program Entry - Institutional Settings**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital (Non-psychiatric)	0	0	0	0	0
Jail, prison , or juvenile detention facility	0	0	0	0	0
Oster Care	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**20a3. Residence Prior to Program Entry - Other Locations**

**Residence Prior to Program Entry - Other Locations**  
**Number of Adults and Unaccompanied Youth in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
PSH for Homeless persons	0	0	0	0	0
Owned by Client, no Subsidy	0	0	0	0	0
Owned by Client, with Subsidy	0	0	0	0	0
Rental by Client, no subsidy	0	0	0	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other ongoing Subsidy	0	0	0	0	0
Hotel/Motel, Paid by Client	1	1	0	0	0
Staying or Living with Family	3	0	3	0	0
Staying or Living with Friend(s)	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>TOTAL</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>

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**Questions 21-22**

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**21. Veteran Status**

**Veteran Status**  
**Number of Adults in Households**

	Total	Without Children	With Children and Adults	Unknown HH Type
Veteran	0	0	0	0
Not a Veteran	4	1	3	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
<b>Total</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>0</b>

**22a1. Physical and Mental Health Condition Types at Exit - Leavers**

**Known Physical and Mental Health Conditions**  
**Leavers - Total Number by Type**

	All Persons	Adults	Children	Unknown
Mental Illness	1	1	0	0
Alcohol Abuse	0	0	0	0
Drug Abuse	0	0	0	0
Chronic Health Condition	0	0	0	0
HIV/AIDS and Related Diseases	0	0	0	0
Developmental Disability	0	0	0	0
Physical Disability	1	1	0	0

**22a2. Known Physical and Mental Health Condition at Exit - Leavers**

**Number of Known Conditions**  
**Leavers - Total Number by Type**

	All Persons	Adults	Children	Unknown
None	1	0	1	0
1 Condition	2	2	0	0
2 Conditions	0	0	0	0
3+ Conditions	0	0	0	0
Condition Unknown	0	0	0	0
Don't Know / Refused	0	0	0	0
Information Missing	0	0	0	0
<b>TOTAL:</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>

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**22b1. Physical and Mental Health Condition Types at Exit – Stayers**

**Known Physical and Mental Health Conditions  
Stayers - Total Number by Type**

	All Persons	Adults	Children	Unknown
Mental Illness	0	0	0	0
Alcohol Abuse	0	0	0	0
Drug Abuse	0	0	0	0
Chronic Health Condition	0	0	0	0
HIV/AIDS and Related Diseases	0	0	0	0
Developmental Disability	0	0	0	0
Physical Disability	0	0	0	0

**22b2. Known Physical and Mental Health Condition at Exit – Stayers**

**Number of Known Conditions  
Stayers - Total Number by Type**

	All Persons	Adults	Children	Unknown
None	3	2	1	0
1 Condition	0	0	0	0
2 Conditions	0	0	0	0
3+ Conditions	0	0	0	0
Condition Unknown	0	0	0	0
Don't Know / Refused	0	0	0	0
Information Missing	0	0	0	0
<b>TOTAL:</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>

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**23. Client Monthly Cash-Income Amount - Adult Leavers**

**Client Monthly Cash-Income Amount  
Number of Adult Leavers**

Program Entry	Income at Entry	Income at Exit	Less Income at Exit	Same Income at Exit	More Income at Exit	Unknown Income Change	Average Change (\$ Monthly Income per Adult)
No Income	1	1		1	0	0	\$0.00
\$1 - \$150	0	0	0	0	0	0	0
\$151 - \$250	0	0	0	0	0	0	0
\$251 - \$500	1	1	0	1	0	0	\$0.00
\$501 - \$750	0	0	0	0	0	0	0
\$751 - \$1,000	0	0	0	0	0	0	0
\$1,001 - \$1,250	0	0	0	0	0	0	0
\$1,251 - \$1,500	0	0	0	0	0	0	0
\$1,501 - \$1,750	0	0	0	0	0	0	0
\$1,751 - \$2,000	0	0	0	0	0	0	0
\$2,001 +	0	0	0	0	0	0	0
Don't Know/Refused	0	0				0	
Missing/No Follow-up	0	0				0	
<b>Total</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>\$0.00</b>

**24. Client Monthly Cash-Income Amount by Entry and Latest Status**

**Client Monthly Cash-Income Amount by Entry and Latest Status  
Number of Adult Stayers**

Program Entry	Income at Entry	Follow-up Total	Less Income at Follow-up	Same Income at Follow-up	More Income at Follow-up	Unknown Income Change	Average Change (\$ Monthly Income per Adult)
No Income	1	1		1	0	0	\$0.00
\$1 - \$150	0	0	0	0	0	0	0
\$151 - \$250	0	0	0	0	0	0	0
\$251 - \$500	0	0	0	0	0	0	0
\$501 - \$750	0	0	0	0	0	0	0
\$751 - \$1,000	1	1	0	1	0	0	\$0.00
\$1,001 - \$1,250	0	0	0	0	0	0	0
\$1,251 - \$1,500	0	0	0	0	0	0	0
\$1,501 - \$1,750	0	0	0	0	0	0	0
\$1,751 - \$2,000	0	0	0	0	0	0	0
\$2,001 +	0	0	0	0	0	0	0
Don't Know/Refused	0	0				0	
Missing/No Follow-up	0	0				0	
<b>Total</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>\$0.00</b>